

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34955**

FILED NOV 5 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3052** Registrar's No. **395**

1. PLACE OF DEATH  
a. COUNTY **PETTIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sedalia**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Bothwell Hospital**

STREET ADDRESS (If rural, give location) **1229 Monroe 3248**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Virgil** b. (Middle) **Lee** c. (Last) **Cramer**

4. DATE OF DEATH (Month) (Day) (Year)  
**October 27 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **Dec. 26, 1928**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **27**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Barnes Manuf. Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Sedalia, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Virgil Cramer**

13b. MOTHER'S MAIDEN NAME **Bessie Foster**

14. NAME OF HUSBAND OR WIFE **Joan Todd Cramer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or date of service) **1947-1956**

16. SOCIAL SECURITY NO. **500-20-1463**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Joan Cramer, Kansas City, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cardiac Arrest**  
ANTECEDENT CAUSES **Acute blood loss and its laceration of left thoracic wall, left leaf of diaphragm, and of left lung (inferior lobe) and embolization of left ventricle.**  
DUE TO (b) **Multiple stab wounds (2)**  
DUE TO (c) **Pneumo-hemo-thorax, left, and hemopericardium**  
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **982x**

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Homicide**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **114 E. 3rd St. - Pettis**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Sedalia Pettis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **10-26-56 10:30 p.m.**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **During fight at Green Pastures, deceased was stabbed twice in left chest.**

22. I hereby certify that I attended the deceased, aged **27** years, of **Pettis** County, Missouri, that I was **present** at the death on **10-27-1956**, and that death occurred at **2:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J.M. Rodeman M.D. Deputy Coroner, Pettis County**

23b. ADDRESS **Jordan Bldg. Sedalia, Mo.**

23c. DATE SIGNED **10-28-56**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial**

24b. DATE **10/29/1956**

24c. NAME OF CEMETERY OR CREMATORY **Crown Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Sedalia, Missouri**

DATE REC'D BY LOCAL REG. **10-29-56**

REGISTRAR'S SIGNATURE **Barbara Constant**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. Hebert Sedalia Mo**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RESISTE TO FADING AND HOME

MAR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Russell C. Mada*.....

Licensed Embalmer No. *48*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.